

0521759

21MM 1629

#3753

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Capias
2. N.T.A. 5. Juvenile Referral 1 JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2021-002622	
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type: None/not Applicable		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 2831 N FEDERAL HWY, 2831 N FEDERAL HWY, BOCA RATON,				Location of Offense (Business Name, Address) 2831 N FEDERAL HWY, BOCA RATON, FL 33431		
Date of Arrest 03/02/2021	Time of Arrest 22:30	Booking Date 03/03/2021	Booking Time 00:44	Jail Date 03/03/2021	Jail Time 00:44	Location of Vehicle WESTWAY TOWING
Name (Last, First, Middle) YOUNG, NATHAN ELI				Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black	Ethnicity I - American Indian O - Oriental/Asian	Sex M	Date of Birth 06/17/1972	Height 6'00	Weight 220	Eye Color BLUE
Sears, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S	Religion NONE	Complexion LIGHT	Build Med
Local Address (Street, Apt. Number) 1400 NW 13TH ST 16, BOCA RATON, FL 33486			City	State	Zip	Phone (561) 562-0377
Permanent Address (Street, Apt. Number) 1400 NW 13TH ST 16, BOCA RATON, FL 33486			City	State	Zip	Phone (561) 562-0377
Business Address (Name, Street) BURGER FL, NORTH PALM BEACH			City	State	Zip	Phone (561) 562-0377
D/L Number, State YS20625722170 / FL		Soc. Sec. Number	DNS Number		Place of Birth (City, State) JAMESTOWN, NY,	Citizenship US
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)				Residence Phone
Address (Street, Apt. Number)		City	State	Zip	Business Phone	
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
Released To: (Name)		Relationship	Date	Time		
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended	Grade	
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No.		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine
Charge Description RESIST OR OBSTRUCT OFFICER WITHOUT VIOLENCE			Statute Violation Number 843.02	Violation of ORD #		
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts I	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description DRIVE UNDER INFLUENCE ALC			Statute Violation Number 316.193(1A)	Violation of ORD #		
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts I	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number	Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant FAIR			Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health <input checked="" type="checkbox"/> T.O.T. County Jail			PROPERTY - Received By J. CASAS 818	Released By J. CASAS 818	Released To TOT CJ	
Transported By J. CASAS 818			Date Transported	Time Transported	Other	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444			
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.			Court Date and Time 04/05/2021 08:30:00			
Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed 3/3/21			
Signature of Arresting Officer J. CASAS 818			Name Verification (Printed by Arrestor) (PRINT) Nathan Novak			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Special <input type="checkbox"/> Retained Arrest <input type="checkbox"/> Other			Name of Arresting Officer (Print) CASAS, J.	I.D. # 818	PAGE 1 OF 1	
Transporting Officer J. CASAS			I.D. # 818	Agency BRPD	Witness here if subject signed with an "X"	

SCANNED
MAR 03 2021

No Photo Available

PROBABLE CAUSE AFFIDAVIT

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

1 JUVENILE

OBT Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-002622
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Charge Type: Check as many as apply. 1. Felony 3. Misdemeanor 5. Ordinance 2. Traffic Felony 4. Traffic Misdemeanor 6. Other

Name (Last, First, Middle) **YOUNG, NATHAN ELI** Race **W** Sex **M** Date of Birth **06/17/1972**

Charge Description 843.02 RESIST OR OBSTRUCT OFFICER WITHOUT VIOLENCE	Charge Description 316.193(1A) DUI
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Victim's Name (Last, First, Middle) **STATE OF FLORIDA,** Race **U** Sex **U** Date of Birth

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source
100 NW 2ND AVE, BOCA RATON, FL 33432 (561) -

Business Address (Name, Street) (City) (State) (Zip) Phone Occupation
(561) -

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody...

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 2 day of March, 2021 at 22:30 (Specifically include facts constituting cause for arrest.)

On 3/2/2021, at approximately 2219 hours, I was conducting stationary traffic enforcement in the area of 3249 N Federal Hwy when I observed a black 2016 Ram 1500 Pickup truck traveling southbound at a high rate of speed. I estimated the vehicle's speed at 65 MPH and my Dragon Eye Speed Lidar device provided a speed reading of 64 MPH. I then positioned my unmarked BRPD vehicle behind the speeding vehicle and activated my emergency lights and sirens to initiate a traffic stop. The vehicle came to a final stop in the area of 2831 N Federal Hwy.

Upon approaching the vehicle, I identified myself, informed the driver, Nathan Young, of the reason for the stop, and asked him to provide his Driver's License, Vehicle Registration, and Proof of Insurance. Initially, the Young only provided his Driver's License and then sat still. I had to remind Young that I asked for other items. He then provided an expired registration and insurance card. When informed that the documents were expired, I observed that Young made no attempt to search for a current registration and had difficulty operating his smartphone while attempting to load a current insurance card on the insurance app. During this time, I also observed that Young was driving with his high beam headlights; he claimed he was unaware.

During my contact with Young I also observed that his eyes were red and glassy, and his speech was slurred. Young also had an overwhelmingly strong odor of alcoholic beverage emanating from his breath that could be smelled through my mask and over the scent of the flavored tobacco he was currently chewing. Young appeared nervous and avoided eye contact. According to Young, he had just left a friend's house, however, he denied consuming alcohol.

Based on my observation, I believed that Young was driving while under the influence of alcohol and/or controlled chemical substances. I asked young to step out of his vehicle for further investigation and he refused. I then ordered Young to step out of the

SWORN AND SUBSCRIBED BEFORE ME

T. Leary
NOTARY PUBLIC, CLERK OF COURT OFFICE, (F.S. Chapter 68/20/2023)

Notary Public State of Florida
Thomas H Leahy
My Commission GG 347108

[Signature]
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

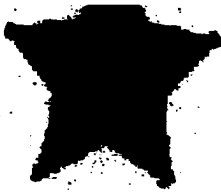
CASAS, JAVIER (818)
NAME OF OFFICER (PLEASE PRINT)

03/02/2021
DATE

MAR 03 2021
DATE

PAGE **1** OF **2**

OBTS Number A D Agency ORI Number FL 0500200 M Agency Name BOCA RATON POLICE DEPARTMENT I Agency Report Number 3 2 2021-002622 N Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other Special Notes:	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> JUVENILE	Name (Last, First, Middle) YOUNG, NATHAN ELI Alias Race W Sex M Date of Birth 06/17/1972	
<p>vehicle and he refused. Young was ordered to step out of the vehicle several times and he continually refused to comply with my lawful commands. I informed Young that failure to comply with my lawful command to exit his vehicle would lead to an arrest and he still refused to exit the vehicle.</p> <p>At this time, it was determined that Young was resisting and opposing my lawful orders to exit his vehicle as well as obstructing the lawful execution my legal duty. I opened Young's driver side door to get him out of the vehicle and he immediately reached towards the center console with his right hand. Young was ordered to remove his hand from where it was located and place it on his head. I then took control of Young's right wrist. I later unbuckled Young's seatbelt and he was ultimately removed from his vehicle with the assistance of Officers Galazka and Lauckner. Once outside of the vehicle, Young resisted our attempts to put his hands behind his back by tensing his arms in front of him. Officer Galazka and I had to force Young's arms behind his back so that Officer Lauckner could place him into handcuffs. Young was placed under arrest for Resisting and Officer Without Violence per F.S.S. 843.02. He was then placed into the back my BRPD vehicle and transported to the BRPD station.</p> <p>While at BRPD, I informed Young of his Constitutional (Miranda) Warnings and he stated he understood. I then asked Young to submit to Standardized Field Sobriety Exercises that could not be conducted at the location of the stop due to his resistance. Young refused to participate in the exercises. I informed Young of his Taylor Warnings and he stated he understood. Young continued to refuse to participate in the exercises.</p> <p>Based on my observations of Young, his traffic violations, his refusal to exit his vehicle after being questioned about consuming alcohol, and the overall totality of the circumstances, I found probable cause to believe that, at the time of the stop, Young was driving a motor vehicle while under the influence of alcohol and/or controlled chemical substances. Young was additionally charged with DUI per F.S.S. 316.193(1a).</p> <p>Young was transported to PBSO Breath Testing Facility where Breath Technician O'Neal (#6212) completed the BAT room procedures. Young was asked to provide a lawful sample of his breath for the purpose of determining the alcohol content and he refused. I informed Young of implied consent and he stated he understood. Young refused to provide a breath sample a second time. He was then informed of his constitutional rights, stated he understood, and chose to answer all of my questions. See DUI influence report for further.</p>			
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> NOTARY PUBLIC / CLERK OF COURT / OFFICER (FS 691.17.10) 03/03/2021 DATE </div> <div style="text-align: center;"> Notary Public State of Florida Thomas H. Leahey My Commission GG 347108 Expires 08/20/2023 </div> <div style="text-align: center;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT) 03/02/2021 DATE </div> </div>		P R O B A B L E C A U S E S T A T E M E N T
		PAGE 2 OF 2	



PALM BEACH COUNTY SHERIFF'S OFFICE
 DUI TESTING FACILITY
 INFORMATION SHEET

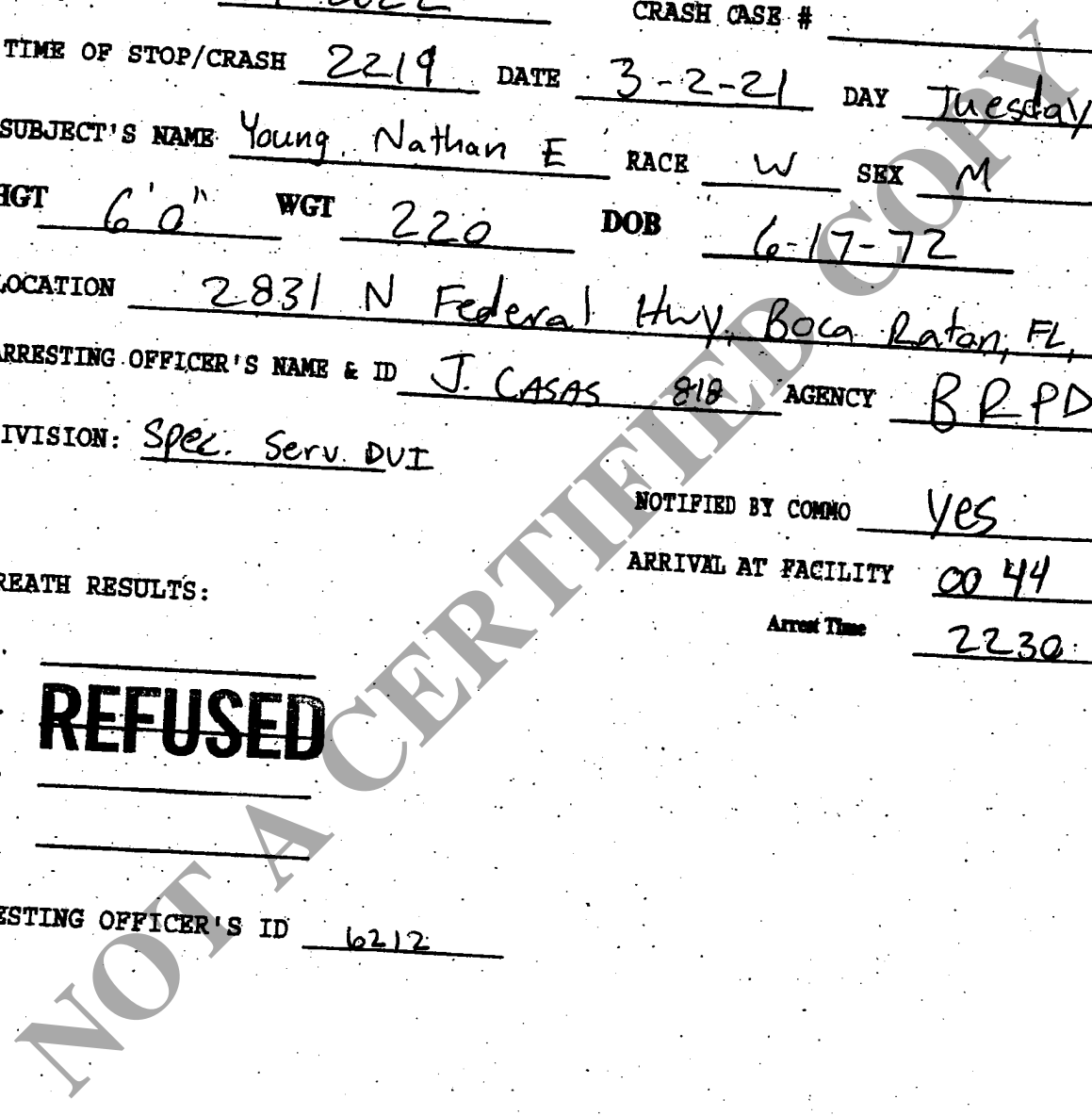
PBSO CASE # 21-041123 PBSO ZONE 7-12
 AGENCY CASE # 21-2622 CRASH CASE # _____
 TIME OF STOP/CRASH 2219 DATE 3-2-21 DAY Tuesday
 SUBJECT'S NAME Young, Nathan E RACE W SEX M
 HGT 6'0" WGT 220 DOB 6-17-72
 LOCATION 2831 N Federal Hwy, Boca Raton, FL, 33431
 ARRESTING OFFICER'S NAME & ID J. CASAS 810 AGENCY B R PD
 DIVISION: Spec. Serv. DUI

NOTIFIED BY COMMO YES
 ARRIVAL AT FACILITY CO 44
 Arrest Time 2230

BREATH RESULTS:

1. _____
2. **REFUSED**
3. _____
4. _____

TESTING OFFICER'S ID 6212



TESTING FACILITY TASK REPORT

AGENCY: BRPD OFC. CASAS #818

SUBJECT: YOUNG, NATHAN E.

CASE NUMBER: 21-041123

DATE: 03-03-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0105 HRS

ENDING TIME: 0112 HRS

BREATH TESTS RESULTS: 1) R TIME 0107 A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: CALM, COOPERATIVE, AGITATED, SARCASTIC

CLOTHING: SHIRT- BLACK WORK SHIRT PANTS- BLACK

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: RED, GLASSY

COMMENTS:

20 MIN. OBSERVATION DONE BY THE A/O CASAS #818
A/O REQUESTED THE BREATH TEST ON CAMERA.
D REFUSED THE BREATH REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA.
D UNDERSTOOD THE I/C AS READ.
D STILL REFUSED THE BREATH REQUEST AFTER THE I/C WAS READ TO HIM.
C/W READ ON CAMERA TO THE D.
Q&A CONDUCTED.

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST**

I, OFC. J. CASAS, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of BOCA RATON POLICE SERVICES DEPARTMENT, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 2ND day of MARCH, 2021, at 2230 P.M. A.M.

DRIVER NATHAN ELI YOUNG
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# Y520625722170, state of FLORIDA, was placed under lawful arrest for

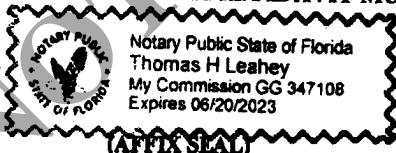
the offense of DUI by OFC. J. CASAS and
issued Citation # A6LQCNE (Name of Arresting Officer)

That on or about the 3RD day of MARCH, 2021, at P.M. A.M.
in PALM BEACH County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before me:

The foregoing instrument was sworn and subscribed before
me this 03rd day of March, 2021,
by OFC J Casas #818,

Signature of Attesting Officer

Title _____

Date _____

who is personally known to me or who has produced
known as identification

Notary Public T. Leahey

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SUBJECT: Young, Nathan CASE NUMBER: 21-2622

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) Read on camera

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on camera

SUBJECT: Young, Nathan CASE NUMBER: 21-2622

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? possibly

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Federal US1

DIRECTION OF TRAVEL? S WHERE DID YOU START? N Palm Beach

WHAT TIME DID YOU START? Not sure WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? 3-3-21 WHAT DAY OF THE WEEK IS IT? wednesday

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Working

HOW MUCH DO YOU WEIGH? 220 HAVE YOU BEEN DRINKING? NO WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? _____

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? _____

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? _____ WHEN? _____

DO YOU HAVE:	EPILEPSY?	<u>NO</u>
	GLASS EYE?	<u>NO</u>
	FALSE TEETH?	<u>NO</u>
	EAR INFECTION?	<u>NO</u>
	INNER EAR TROUBLE?	<u>NO</u>
	DIABETES?	<u>NO</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? yes WHERE? New York

INTERVIEWER: Ofc. J CASAS 818

SUBJECT: _____ CASE NUMBER: _____

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SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>		** (viii) Clinical records under the Baker Act. §394.4615(7), Fla. Stat.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2021005252	Date: 3/3/2021
	Specialist Name/ID: M. Tooks #8557